				3	ATION RECO	NU	Απρ	splays a valid O	el Number	
] :	CLAI	ILED - PAR				10 820,	<u>5</u> 35			
	· · ·	(Colum	n 1)	(Column 2)		ALL C		1 ~~		
BASIC FEE		NUMBERENE				SMALL ENTITY		SMA	OTHER TH SMALL ENT	
(37 CFR 1.166)	n [NUMBER EXTRA	RAT	E FE	e]			
TOTAL CLAIMS (37 CFR 1.16(c))					_	. 5		RATE		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 20 =			1,2=		OR		s	
		minus) = ·			¬	<u>} </u>	OR	x s 50		
MULTIPLE DEP	ENDENT CLAIM F	RESENT	/27.05-		x s 100	<u>-</u>	OR	x , 200	1	
				6(d)	_ + 5.180	1				
" If the difference in column 1 is less than zero, enter "0" in column 2.							- OR	4 260	1.	
	CLAIMS AS	S AMENI	DED - PART		TOTAL	L	OR	TOTAL		
			JEO - PART	H	`			· OIAC	L	
7.7	(Column		(Colum	n 2). (Column:				•		
< 1 5 m	, CLAIM: REMAINI	s NG	HIGHE	sr T	SMAL	LENTITY	OR	OTHE	R THAN	
Total (31 CFR 1.16/c) Independent (31 OFR 1 16/c) (31 OFR 1 16/c)	AFTER		NUMBI PREVIOU	FR. PRESENT	T RATE	ADDI-	7 .	SMALL	ENTITY	
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Independent			20	=	x s 25 =	FEE	-		TION	
(31 OFR 1.16(b)	1 3	Mini	us 3	=			OR	x s 50 =		
FIRST PRESI	ENTATION OF MUL	TIPLE DECE	MOSAIR		x s 100=	<u></u>	OR	x s 2000		
			HOERI COMM (37 CFR 1.16(d))] [+s <u>180=</u>		7 1	210		
	• •				TOTAL		J. OR L	+ s3(a)		
T	(Column 1)		·(Column	21 (Catain a)	ADD'L FEE	L	OR	TOTAL ADO'L FEE		
	REMAINING	.	HIGHEST		7		_			
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Total DI CFR LIGGII Independent DI CFR LIGGII		Minus	PAID FOR	=		TIONAL FEE		RATE	ADDÍ: TIONAL	
Independent (3) CFR 1.16(6))		Minus	 		× s 25 .		F	-	FEE	
	1	. 1	1	=	× s 100=		OR X	s 5 0=		
FIRST PRESEN	TATION OF MULTI	PLE DEPEN	DEHT CLAIM (37	CFR 1.16(d))			OR X	s 200_		
			·		+ s 180=		OR .+	360		
	(0-1				ADO'L FEE		TC	DTAL	~	
	(Column 1) CLAIMS	1	(Column 2)	(Column 3)			OK AL	DD, F. EEE		
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Tot-t	AFTER AMENOMENT	Ŀ	PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL	- 1	RATE	ADC	
Total (37 OFR 1.16(c))		Minus	41		OF	FEE	1		ADDI- TIONAL	
Indépendent (17 OFR 1.16(b))		Minus	*** .	=	x s 25 =		OR XS	50 E	FEE .	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x s 100		J			
- HESENT	ATTON OF MULTIPL	E 0EPEN06	ENT CLUM (37 C	FR 1.16(d))	+ 5 180=		ļi	200		
					TOTAL		OR +	360_		
If the entry in co	lumn 1 is less tha	in the entry	in column 2. wa	ile "0" in column 3.	ADD'L FEE		TOT OR ADO	AL L FEE	 	
			IN THIS SPACE IN THIS SPACE olal or Independ		(er *20*		~00		<u>-</u> _	

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For Total or Independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.